Beaum	Beharimeni,	Ann all	gammure.	
Permit No. 99300	Office of Registrar	of Vital Stat	tistics. Ward	177
requested so to do, under penalty of	ny person in a last illness, is resp superintending the burial, within	ousible for the pre-entati wenty four hours after t	ion of this Certificate, accu- he death of said deceased,	rately filled out, or sooner, if
CER	TIFICATE	OF DE	АТН.	
Date of Death, Africe		AMD.		
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	arry 6 hes	eter.	
Sex, Male or Female, Cross	s out the word not }	9		
Age Z	Years, Jen	Months,	······································	Days.
Color, Stack		(
Married, Single, Widow of	r Widower, {Cross out the word required in this lin	s not }	1/	
Occupation,				
Birth Place, State or country, and long in the United Sif of foreign birth.	how Jaltim	ne o	•	
Duration of Residence in	the City of Baltimore,	allyly	e	
Place of Death, {Give Street and Number.	1132 Ola	sksons.	alley.	
Cause of Death, $\begin{cases} \text{First (Print)} \\ \text{Second (In)} \end{cases}$		itis	J	
Duration of Last Sickness All the above information should be for		W.		
Place of Burial Lycer	il contant			
Date of Burial Hagey	(1888)		11 11 -	
Undertaker, He	Poss di	O. Lakelli	Hoopel Medical Attendant.	M. D.
Place of Business,	4 Could X Ad	tress, 831 Lig	ahlsh	
Extract from Regulations of the	Board of Health to secure a	full and correct rec	ord of the Vital Statis	tics in the
SECTION 2. And be it further ends he Physician who attended during wenty-four hours after the death, to the same can be ascertained, the full and date of death.	City of Baltin nacted and ordained, That whene his or her last sickness, or the C the Undertaker or other persons	nore. ver any person shall die oroner, when the case co superintending the Bor	in the said city, it shall be omes under his notice, to fu	the duty of

The commence of the second				
Bealth	Department,	City of	Baltimore.	
Permit No. 99301	Office of Registrar	r of Vitat Sta	tistics. Ward	25
The Physician who attended a to the Undertyker or other person s requested so to do, under penalty of	my person in a last illness, is resp superintending the burial, within	onsible for the presentativenty-four hours after	tion of this Certificate, ac the death of said decease	courately filled and
CER	TIFICATE	OF DE	CATH.	
Date of Death,	if	ic /1/-	1887	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents	Many X	Chalon	
Sex, Male or Female, { cros			1	
Age,	Years,	2 Months,	, /	Pays.
Color,		Thile	. //	
Married, Single, Widow of	r Widower, {Cross out the word required in this lir	is not }	1/	
Occupation,			V	
Birth Place, State or country, and long in the United Sif of foreign birth.	d how States,	ellumor	595	
Duration of Residence in		- Jul	Chine	
Place of Death, Give Street an Number.	01:	1 Dethe	e H	
Cause of Death, $\left\{egin{array}{l} ext{First (Pri-Second (I))} \\ ext{Second (I)} \end{array} ight.$	mary), STA			
Duration of Last Sicknes All the above information should be f		aline		
Place of Burial, M.	uncient what	1		
Date of Burial, Afril	18 1887	Ma	Dut	
J Undertaker, Frank	Evach O	y year)	Charles Altendar	M. D.
Place of Business, 82	YN Durham XAd	dress.403	V Brog De	ing !

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the case and date of death.

Bealth Department, City of Baltimore.
Permit No. 99302 Office of Registrar of Vital Statistics. Ward 12
The Physician who attended any person in a last illness, is revousible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within eventy feet for a fiter the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained within a Receive Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 19, 789
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, 2 Months, Days.
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Feline
Place of Death, {Give Street and } Ah. Uweeulo Laylum
(First (Primary), Maraamus
Cause of Death, Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, how back a beeneleg
J Undertaker, John Masterson J. Medical Attendant.
Date of Burial, April 18, 1884 Flamery M. D. { Undertaker, John Masterson & Address, 170/Dr. Hu ave.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Baulet 70	SHO ICCHIEF WE DOLONG TO THE CO. THEN AL DISORDER OF DEROY OF CHES
Permit No. 99303 Office of Registrate to the Undertaker or other person superintendians is requested as a state of the Undertaker or other person superintendians.	t, City of Baltimore.
The Dil Jour Office of Regist	ran of win is
to the Undertaker or other person superior in a last illness, is requested.	responsible to the Statistics. Ward 8 4
No Permit For Provided in No Permit For Provided in No.	rar of Vital Statistics. Ward Statistics.
CON BURIAL CAN DE OBT	thin twenty-four hours after the death of said deceased, or sooner,
Date of Death	ENGE DEATH OF
Date of Death,	AIH.
	Apr 17 1887
not named of an infant	Michel Droger
(required in this line)	
Age, Years,	
Color, Cohil.	Months, Days
Married Single Wide or Wide	
Married Single Widow or Widower, Cross out the we Occupation,	ords not }
Birth Place, State or country, and how long in the United States, if of foreign birth.	
Duration of Residence:	Wiland
Duration of Residence in the City of Baltimore	Don't Kun
Place of Death, {Give Street and }	il Little Sister Pan
Cause of Death, First (Primary),	The contract of the state of th
Second (Immediate),	
Duration of Last Sickness,	susmil debicity -
All the above information should be furnished by	1 minth
Place of Burial, St Patrick of the Physician.	1
ate of Burial, April 18 th 1884	6
Undertaker, W. Blothams J.	MoBroke Buyle
Place of Business, 1709 & Lombord st	Medical Attendant.
Section 2. And be it further enacted and ordained. The	cu cos,
SECTION 2. And be it further enacted and ordained. That whenever	full and correct record of the Vital Statistics in the
Physician who attended I harther enacted and ordained. That when	

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death.

Board of Health, City of Baltimore,
The Physician who attended any person in a last illness, is responsible for the present tion of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours, after the death of said deceased, or sooner, if requested so to do, under penalty of law.
CERTIFICATE OF BEATH.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not} Age, 4 Years, Color. Months, Days,
Married, Single, Widow or Widower, Pross out the word not Married, Scrupation
Birthplace, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,
Place of Death, {Give street and Add Add Add Add Add Add Add Add Add A
Duration of Last Sickness, All the above into matical chandle by the Physician.
Date of Burial April 19 1887 (Undertaker John, S. Maacher Medical Attendant,
Place of Business, No 150 Counder Address, At Selection of Vital Statistics in the

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within

orty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ame can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ate of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bealth Department, City of Baltimore.
Permit No. 99305 Office of Registrar of Vital Statistics. Ward 8 4
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, africe 17 Mol 800
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 3 Years, 11 Months, 2 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 166 Townseed It (Sell le)
Cause of Death, { First (Primary), 1900000 Second (Immediate), 2000000000000000000000000000000000000
Duration of Last Sickness, Art Acrys All the above information should be furnished by the Physician
Place of Burial, Loudon fack benty
Date of Burial, Whail 19-1884 16
J Undertaker, Denny & Pritched & M. D. Medical Attendant.
Place of Business, 550 W Fayette Address, 605 Cathellace

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Boand	of Woolth	Oite a	f Dallins
Doura	of Heauti,	Cuy o	f Baltimore,

Permit No. 99306

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE"

Date of Death, afred 16th 1887	Opport	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	E. Legar	
Sex, Male or Female, {Cross out the word not required in this line.}		1
Age, 4 Years,	Months,	Days.
Color, White		
Married, Single, Widow or Widower, {Cross out the words not}		
Occupation,		
Birthplace, { State or country (and how long in the United States, }		V
Duration of Residence in the City of Baltimore, 19	gears	
Place of Death, {Give street and } 216 N Siln	nor Sti	
Cause of Death, Second (Immediate,) Ashima	Consum	phon.
Duration of Last Sickness, for Invital All the above information should be furnished by the Physician.		
Place of Burial, Hampton ba!	, 11	1-
Date of Burial, April 18 1897 Can	mus James	Medical Attendant.
J Undertaker, Denny & Britehill Addre	28 20 4 M. M	- in the state of the
Place of Business, STOW Fayette &	24 11 111	Maritary &

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

4640 Fransit

OVER.

Bealtl	r Hepartment	t, Outy of Ball	umore.
Permit No. 99307	Office of Registr	ar of Vital Statistics	s. Ward 13"5
The Physician who attends to the Undertaker or other pers	ed any person in a last illness, is on superintending the burial, with your law	responsible for the presentation of the him twenty-four hours after the death	1 of said deceased, or sooned, 2
CE	RTIFICATI	F OF DEAT	TH.
Date of Death,	Spil 14	0,28870	
Full Name of Deceased	(or parents.	Jana Meiers	
Sex, Male or Female, {	Cross out the word not required in this line.		
Age, 62	Years,	Months,	Days.
Color,	Tohil		
Married, Single, Wido	w or Widower, {Cross out the required in ti	Words not }	1/
Occupation,	Hous	1 Webs	V
Birth Place, State or country long in the Unif of foreign by	ry, and how tited States,	umany	Y
Duration of Residence	in the City of Baltim	ore,	
Place of Death, Give Str.	eet and }	B. Lemon, s	h- 1:0
Secon	nd (Immediate),	-week	- of Karnys
Duration of Last Sick	kness,	greeco	
Place of Burial,	and onlark x	Gen 10	A
Date of Burial, A	pril 18 Th 18	2 Suit	tricum D
J Undertaker, Ale	reig Kachle		Medical Attendant.
Place of Business,	Thaspex Gross	Address,	

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health	Meyartment,	City of	Baltimore.	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Office of Registrar			65
The Physician who attended an to the Undertaker or other person st requested so to do, under penalty of	ny person in a last illness, is resp	onsible for the preser	ntation of this Cartificate, according to the death of said deceased	arately filled out,
CER	TIFICATE	OFORD	EATH.	2
Date of Death,	prile 16	1887	B	
Full Name of Deceased,	Vrite legibly and spell orrectly. If an Infant ot named, give names f parents.	reob	Brown.	
Sex, Male or Remale, Cross required		······································		
Age,	Years, Q	Mont)	hs,	Days.
Color, Col	onch		1	
Married, Single, Widow or	Widower, {Cross out the word required in this lin	s not }	/	
Occupation, 22	me	1.	V	
Birth Place, State or country, and long in the United State of foreign birth.	how ates,	migre	cely M	2
Duration of Residence in	-	injul	nuce	
Place of Death, Give Street and Number.	1/	Car	the phi	et.
Cause of Death, $\begin{cases} \text{First (Prin} \\ \text{Second (In)} \end{cases}$	5 ,	ups.	ia	
Duration of Last Sickness All the above information should be fu		Days		
Place of Burial Louis	Cenor	an		
Date of Burial, April	£19 4859)	XIM	water it	
(Undertaker William	& Duge V	0,7.0	Medical Attendant	M. D.
{ Place of Business, 50	Coast M Ad	dress, 142	g news	er
Extract from Regulations of the	Roard of Health to secure a	full and connect	record of the Wiles Chat	4: 1 41

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said cary, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificiane setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Carpenter Georges 60. Med. About 21 nears 1060 Argaple for vewe . Subject to attacks. Olias to Frece Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in th

City of Baltimore.

Section 2. And be it further emacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the foll name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death

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